Total resources required for scaling up the response to will grow to US$10.5 billion by 2005 and to US$15 billion by 2007. This amount of funding assumes a rapid scale up of services within existing capacity as well as increases in capacity to deliver health care services. Cost for personnel, training, drugs and commodities are included but additional infrastructure costs (buildings, equipment) are not included in this estimate.

The largest share of resources will be required in Sub-Saharan Africa. That region will need US$5.7 billion, more than a third of the global requirements in 2007. South and South-East Asia will need about one-quarter of the total (US$3.4 billion) in 2007.
The total funding required for prevention activities increases from US$ 1.8 billion in 2001 to US$6.6 billion in 2007. The largest funding requirements are for universal precautions (16%); youth-focused services (11%); workplace programs (10%); policy, advocacy, administration and research (9%); public sector condoms (9%) and blood safety (8%). The remaining interventions each require 3-5 percent of the total funds except for harm reduction and post-exposure prophylaxis, which require less than one percent.

The total funding required for care interventions increases from US$ 1.3 billion in 2001 to US$7.4 billion in 2007. The largest component for 2007 is HAART, at 44% of the total, while it represents just an estimated 14% of expenditures in 2001. The largest component for 2001 is OI treatment, requiring 46% of the total.